RECEIVED CENTRAL FAX CENTER

APR 1 8 2005

Simmons, Perrine, Albright & Ellwood, P.L.C.

Attorneys and Counselors Cedar Rapids and Iowa City

■115 Third Street SE, Suite 1200 Cedar Rapids, Iowa 52401-1266 Telephone: (319) 366-7641 Fax: (319) 366-1917 ☐ 22 South Lirm Street
Third Floor Tower Place
Iowa City, IA 52240
Telephone: (319) 887-1368
Fax: (319) 887-1372

E-Mail Address: mwilliams@simmonsperrine.com Writer's Direct Dial No.: (319) 366-7641 x222

www.simmonsperrine.com

Darrel A. Morf
James E. Shipman
Stephen J. Holtman
Iris E. Muchmore
Gregory M. Lederer
James A. Gerk
Roger W. Stone
David A. Hacker
David W. Kubicek
Matthew J. Brandes
James M. Peters
Leonard T. Strand
Mark H. Ogden
Webb L. Wassmer
Mark A. Roberts

Chad M. VonKampen

Gregory G. Williams Nicolas Abou-Assaly Allison M. Heffern Lyon W. Hartman Kathleen A. Kleiman Paul P. Morf Philip A. Burian' Christine L. Conover David C. Kutcher Michael F. Williams Elizabeth V. Croco Patsy A. Thimmig¹² Jason M. Steffens Lorie Reins-Schweer Lance R. Staker Richard G. Hileman, Counsel

Haven Y. Simmons (1888-1975) Brahl T. Perrine (1902-1989) William P. Ellwood (1909-1998) Justin W. Albright (1908-2004)

RECISTERED PATENT ATTORNEYS Gregory G. Williams Michael F. Williams

OF COUNSEL James R. Snyder Robert M. Alek

RETIRED

John R. Carpenter

Also licensed to practice in: Ullinois 2 Wisconsin 3 Missouri

FACSIMILE INFORMATION SHEET

DATE: April 18, 2005

TIME: 10:37 pm Cestral Time

CONFIDENTIALITY NOTICE: The information contained in this facsimile message and the documents accompanying this facsimile message are attorney privileged and confidential information intended for the use of the individual or entity named below. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone, and return the original message to us at the above address via the U.S. Postal Service. We will guarantee postage.

THE FOLLOWING PAGES ARE FOR

NAME OF EXAMINER: Karl D. Frech

GROUP ART UNIT: 2876

NAME OF AGENCY: U.S. Patent and Trademark Office

FACSIMILE (FAX) NO. 703-872-9306 EXAMINER'S TELEPHONE NO. 571-272-2390

TRANSMITTING PARTY: Mr. Mike Williams

FIRM: Simmons, Perrine, Albright & Ellwood, P.L.C.

TOTAL NUMBER OF PAGES

(including this two page cover sheet): 10 Pages

IF PROBLEMS WITH

TRANSMITTAL CONTACT: Mickala Anderson (319-366-7641, ext. 217)

RE: U.S. Patent Application No. 10/776,027

(Attorney Docket No. 36240XE)
RESPONSE TO OFFICE ACTION

These pages are being transmitted to Examiner Karl Frech for filing in Application No. 10/776,027.

Thank you.

Simmons, Perrine, Albright & Ellwood, P.L.C.

April 18, 2005 Page 2

CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that, on the date shown below, this Facsimile Cover Sheet, of two (2) pages, a signed Fee Transmittal form, of one (1) page, a duplicate copy of the Fee Transmittal form, of one (1) page; a signed Petition For Extension of Time Under 37 CFR 1.136(a), of one (1) page; a duplicate copy of the signed Petition For Extension of Time Under 37 CFR 1.136(a), of one (1) page; a RESPONSE TO OFFICE ACTION, of three (3) pages; and a signed Terminal Disclaimer, of one (1) page; are being facsimile transmitted to Examiner Karl D. Frech, Group Art Unit 2876, fax number (703) 872-9306 at the Patent and Trademark Office for filing in Application No. 10/776,027.

Michael F. Williams, Reg. No. 39,875

Date: April 18, 2005

Signature

Name (Print/Type) Michael F. Williams

Doc Code:		PTO/SB/17 (12-04/2) Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE should be achieved in a collection of information unless it displays a valid OMB continu					
			ned to res	soon in a collection		plete if Know	
Effective Fees pursuant to the Consolidate	(818).	Application Number 10/776,027					
FEE TRANSMITTAL				Filing Date		ruary 10, 2004	4
, - 	` -	First Named Inve		ven E. Koenck			
For FY 2005				Examiner Name		Karl D. Frech	
Applicant claims small e	·	Art Unit		2876			
TOTAL AMOUNT OF PAYM	\Box	Attorney Docket		36240XE			
METHOD OF PAYMENT	(\$)	that apply)		,			
METHOD OF PATMENT	(CHECK all	mar apply)	_			· · · · · · ·	
Check Credit Ca	ard LJN	Aoney Order 👢	Non	e UOther (p	lease identif	›:	
Deposit Account Dep	osit Account	Number: 19-2260		Deposit Ao	count Name:	Simmons, P	errine
For the above-identifie	ed deposit a	eccount, the Directo	or is hen	eby authorized to:	(check all t	hat apply)	
Charge fee(s) is	ndicated be	low		Charge	e fee(s) indi	cated below, ex	cept for the filling fee
Charge any add	ditional fee	s) or underpaymen	its of fe	e(s) Credit	any overpa	vments	
under 37 CFR WARNING: Information on this i	4 4C and 1	47			•	•	rovide credit card
information and authorization o	n PTO-2038.	Come public. Occur					
FEE CALCULATION							
1. BASIC FILING, SEAR						. =:01: ===0	
	FILING I	FEES mall Entity	SEAR	CH FEES Small Entity	EXAMIN	ATION FEES Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$) Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	•
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEE	S			,		Fee (\$)	Small Entity Fee (\$)
Fee Description Each claim over 20 (in	cluding R	eissues)				50	25
Each independent clair			es)			200	100
Multiple dependent cla			•			360	180
Total Claims	•					•	ependent Claims
20 or HP =		x	. =			Feo (\$)	Fee Paid (\$)
HP = highest number of total of Indep. Claims	:laims paid fo Extra Clair		Foo	Paid (\$)			
- 3 or HP =	EXII a Ciaii	X	=				
HP = highest number of Indepe	endent claims	paid for, if greater th	an 3.				
3. APPLICATION SIZE F If the specification and	drawings o	exceed 100 sheet	s of pa	per (excluding e	electronica	ily filed seque	ence or computer
listings under 37 CF	R 1.52(e)	, the application	size fe	e due is \$250 (\$	125 for si	nall entity) for	each additional 50
sheets or fraction the Total Sheets - 100 =	ercof. Sec Extra She	: 35 U.S.C. 41(a) ets Numbe / 50 =	r of eac	and 37 CFR 1.1 h additional 50 c (round up to a t	or fraction		e (\$) Fee Paid (\$)
4. OTHER FEE(S)				- :			Fees Paid (\$)
Non-English Specific							400
Other (e.g., late filing	surcharge): <u>Terminal Disclai</u>	mer Fee	<u> </u>			130
SUBMITTED BY							

Michael F Williams

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Registration No. 39,875 (Attorney/Agent)

Telephone 319-386-7641 (x 222)

Date April 17, 2005

Fees pursuant to the Consolid	tive on 12/08/2004.	Act 2006 (H.R. 4818	,		plete if Knowi	"	
	Application Nur	Application Number 10/776,027					
FEE TR			Filing Date	Feb	ruary 10, 2004		
Fo	r FY 200	15	First Named Inv	ventor Ster	ven E. Koenck		
Applicant claims small	1 antibu etatue Su	99 37 CER 1 27	Examiner Name	Examiner Name Kerl D. Frech			
		56 37 (1111127	Art Unit	Art Unit 2876			
TOTAL AMOUNT OF PAY	MENT (\$)	130	Attorney Docke	at No. 362	40XE		
METHOD OF PAYMEN	T (check all tha	it apply)				-	
Check Credit	Card Mor	ney Order N	Ione Other ((please identify	n:		
Deposit Account t	Deposit Account Nu	mber: 19-2260	Deposit A	coount Name:	Simmons, Pe	пine	
For the above-ident	ified deposit acco	ount, the Director is	hereby authorized to	o: (check all t	hat apply)		
✔ Charge fee(s	i) indicated below	K	Char	ge fee(s) indi	cated below, exc	ept for the filing fee	
Charge any s	additional fee(s) c	or underpayments o	f fee(s) Credi	it any overpa	yments		
under 37 CF WARNING: Information on thi	R 1.16 and 1.17	ne public. Gradit card	L		•	vide credit card	
information and authorization	i on PTO-2038.						
FEE CALCULATION							
1. BASIC FILING, SEA							
	FILING FEE	S SE D Entity	ARCH FEES Small Entity		ATION FEES Small Entity		
Application Type			e.(\$) Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)	
Utility	300 1	50 50	0 250	200	100		
Design	200 10	00 10	0 50	1,30	65		
Plant	200 1	00 30	0 150	160	80		
Reissue	300 1.	50 50	0 250 ·	600	300		
Provisional	200 1	00	0 0	0	Ó		
2. EXCESS CLAIM FE	ES		:		Fee (\$)	Small Entity Fee (\$)	
Each claim over 20 (including Reise	sues)			50	25	
Each independent cla					200	100	
	Multiple dependent claims				360	180	
Multiple dependent o	Extra Claims	Fee (\$)	Fee Paid (\$)		Fee (\$)	pendent Claims Fee Paid (\$)	
Multiple dependent o					(-,		
Multiple dependent of Total Claims - 20 or HP = HP = highest number of total			Fee Paid (\$)				
Multiple dependent of Total Claims - 20 or HP = HP = highest number of lots indep. Claims - 3 or HP =	at claims paid for, if (Extra Claims	Fee (\$)	Fee Paid (\$)				
Multiple dependent of Total Claims - 20 or HP = HP = highest number of lots indep. Claims - 3 or HP = HP = highest number of indep.	at claims paid for, if (Extra Claims pendent claims paid	Fee (\$)					
Multiple dependent of Total Claims - 20 or HP = HP = highest number of total Indep. Claims - 3 or HP = HP = highest number of indep. 3. APPLICATION SIZE If the specification and	at claims paid for, if (Extra Claims > xxxxx Claims > xxxxx Claims paid xxxxx Claims paid xxxxx Claims paid xxxxx Claims xxxxx Claims	Fee (\$) d for, if greater than 3.	paper (excluding	electronical	lly filed sequen	ce or computer	
Multiple dependent of Total Claims - 20 or HP = HP = highest number of total Indep. Claims - 3 or HP = HP = highest number of Indep. 3. APPLICATION SIZE If the specification and listings under 37 C	at claims paid for, if (Extra Claims pendent claims paid FEE d drawings exce FR 1.52(e)), th	Fee (\$) d for, if greater than 3. ed 100 sheets of e application size	paper (excluding fee due is \$250 (\$125 for sm	lly filed sequen	ce or computer ach additional 50	
Multiple dependent of Total Claims - 20 or HP =	at claims paid for, if (Extra Claims pendent claims paid FEE d drawings exce FR 1.52(e)), th	Fee (\$) d for, if greater than 3. ded 100 sheets of e application size U.S.C. 41(a)(1)(Number of	paper (excluding fee due is \$250 (G) and 37 CFR 1.	\$125 for 8m 16(s). or fraction ti	nall entity) for e	ach additional 50	
Multiple dependent of Total Claims - 20 or HP = HP = highest number of lotal Indep. Claims - 3 or HP = HP = highest number of Indep. SIZE If the specification and listings under 37 C sheets or fraction to Total Sheets - 100 =	at claims paid for, if a Extra Claims spendent claims paid FEE d drawings exce FR 1.52(e)), the	Fee (\$) d for, if greater than 3. end 100 sheets of e application size U.S.C. 41(a)(1)(paper (excluding fee due is \$250 (3 G) and 37 CFR 1	\$125 for 8m 16(s). or fraction ti	nall entity) for e	ach additional 50 Fee Pald (\$)	
Multiple dependent of Total Claims - 20 or HP =	extra Claims Extra Claims papendent claims pain FEE id drawings except (1.52(e)), the hereof. See 35 Extra Sheets ication. \$130	Fee (\$) d for, if greater than 3. ded 100 sheets of e application size U.S.C. 41(a)(1)(Number of 6 / 50 =	paper (excluding o fee due is \$250 (G) and 37 CFR 1. each additional 50 (round up to a ity discount)	\$125 for 8m 16(s). or fraction ti	nall entity) for e	ach additional 50	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Three will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-900-PTO-9199 and select option 2.